



New Hampshire CPR, LLC  
Emergency Medical Services Training  
Program

- Cardiac
- Respiratory
- Geriatric
- Altered Mental Status
- Pediatric
- Adult

For in hospital, document you first encounter and last encounter times.

Call Times – Use 24hr Clock	
DISPATCH	
ENROUTE	
ON SCENE	
TO HOSP	
AT HOSP	
IN SERVICE	

Student Name: \_\_\_\_\_

Class:  Basic  Advanced Clinical Location:  Ambulance  Hospital

Rotation Date: \_\_\_\_\_ Clinical Site: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_

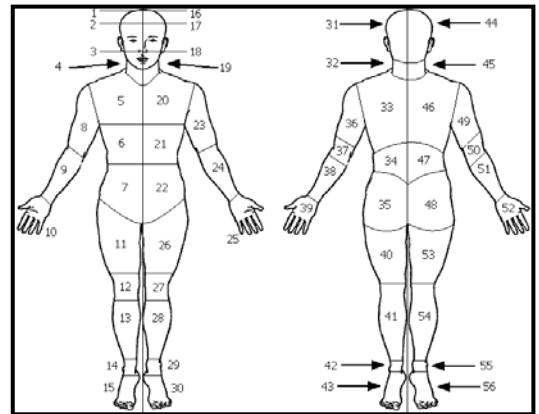
<b>Weather:</b> Dry Rain Snow Ice Fog <b>Other:</b> _____	<b>Law Enforcement Units (List):</b> _____	<b>Patient's Valuables:</b> _____
<b>Additional EMS Units (List):</b> _____	<b>Fire Units (List):</b> _____	<b>Disposition of Patient Valuables:</b> _____
Air Ambulance? <input type="checkbox"/> YES <input type="checkbox"/> NO Pt Airlifted to: _____		
Second Ambulance used to transport? <input type="checkbox"/> YES <input type="checkbox"/> NO Service: _____ Transported to: _____		

<b>Chief Complaint:</b> _____	<b>Working Diagnosis:</b> _____
-------------------------------	---------------------------------

PATIENT HISTORY		Time			
<b>Age:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>BP</b>			
<b>PMHx:</b> _____		<b>P</b>			
<b>MEDS:</b> _____		<b>R</b>			
<b>ALLERGIES:</b> _____		<b>SaO<sub>2</sub></b>			
		<b>D-Stick</b>			
		<b>Pupils</b>			
		<b>Skin</b>			
		<b>GCS/RCS</b>			

**MEDICATIONS ADMINISTERED**

TIME	MED	DOSE	ROUTE	EFFECT



**In Hospital Room #** \_\_\_\_\_

**Patient Transported to:** \_\_\_\_\_

Transport Refused	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Extrication
Work Related:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES TIME _____ <input type="checkbox"/> NO
Aid Prior to Arrival:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preventative Aid:

Driver _____ Cert _____
Attendant _____ Cert _____
Student _____ Cert _____
Preceptor Signature

PATIENT DENIES:

TREATMENT PERFORMED		AIRWAY MANAGEMENT				
<input type="checkbox"/> Spinal Immobilization: <input type="checkbox"/> Seated <input type="checkbox"/> Supine		<input type="checkbox"/> Oxygen: <input type="checkbox"/> NC <input type="checkbox"/> NRB <input type="checkbox"/> Venturi <input type="checkbox"/> BVM <input type="checkbox"/> SFM <input type="checkbox"/> Blow by _____ L / min <input type="checkbox"/> FROPVD				
<input type="checkbox"/> Bandaging <input type="checkbox"/> Splinting		<input type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> Suction <input type="checkbox"/> PTL/Combitube/EOA/EGTA				
<input type="checkbox"/> Psyc Assistance						
<input type="checkbox"/> CPR	<input type="checkbox"/> Bystander _____ Time _____	<input type="checkbox"/> ET	Time: _____	<input type="checkbox"/> Nasal	<input type="checkbox"/> Oral	
	<input type="checkbox"/> EMS: Time _____		Size: _____	Blade: _____	<input type="checkbox"/> Miller	<input type="checkbox"/> Mac
	Down Time Prior to EMS Arrival: _____		Breath Sounds Evaluated:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other						
<input type="checkbox"/> IV/IO: Time: _____ ga: _____ Site: _____ Attempts: _____ <input type="checkbox"/> S <input type="checkbox"/> U Medic: _____						
<input type="checkbox"/> ECG Obtained	Time	Interpretation		Treatment	Medic	
<input type="checkbox"/> Defibrillation: J _____ <input type="checkbox"/> Cardioversion: J _____ <input type="checkbox"/> Pacing Rate _____ mA _____ <input type="checkbox"/> S <input type="checkbox"/> U						

**NARRATIVE**

*USE SUPPLEMENT REPORT IF ADDITIONAL NARRATIVE SPACE IS NEEDED*

Place of occurrence _____		Probable Cause _____					
Injury Type	#1	#2	#3	#4	#5	#6	Use the body diagram on page one to note the location.
Severity							
Location							

Student Signature:

**TYPE**

1 - Burn	2 - Fracture / Dislocation	3 - Laceration / Penetration
4 - Internal	5 - Drowning / Suffocation / Chocking	6 - Drug Overdose
7 - Acute Alcohol Intoxication		
9 - Scrape / Bruise / Cut		

**SEVERITY**

1 - Possibly incapacitating
2 - Non-incapacitating
3 - Incapacitating

8 - Spine / Br  
10 - Sprain /

## Advanced EMT Patient Care Evaluation

Name of Student: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

Rating:	1	Fails to Perform
	2	Borderline (inconsistent) ---needs more work
	3	Competent

### PLEASE CIRCLE ONE IN EACH CATEGORY

<b>Scene Management</b>	<b>1</b>	<b>2</b>	<b>3</b>
-------------------------	----------	----------	----------

Examples, professional behaviors include, but are not limited to: placed themselves in the appropriate spot, coordinated team or equipment to best benefit the patient.

<b>Assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>
-------------------	----------	----------	----------

Examples, but are not limited to: assessed the patient and created a working diagnosis, listened to other caregivers to help form working diagnosis, asked appropriate questions pertaining to the patients complaint and applied them to the working diagnosis, expressed a treatment pathway for the patient that is consistent with the goals of pre-hospital care.

<b>Treatment Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
-------------------------	----------	----------	----------

Examples, but are not limited to: performed skills appropriately in accordance with direction from the preceptor, performed skills as expected from an Advanced EMT.

<b>Appearance and Personal Hygiene</b>	<b>1</b>	<b>2</b>	<b>3</b>
--	----------	----------	----------

Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

<b>Self-Confidence</b>	<b>1</b>	<b>2</b>	<b>3</b>
------------------------	----------	----------	----------

Examples, but are not limited to: demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

<b>Communications</b>	<b>1</b>	<b>2</b>	<b>3</b>
-----------------------	----------	----------	----------

Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

<b>Time Management</b>	<b>1</b>	<b>2</b>	<b>3</b>
------------------------	----------	----------	----------

Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

**Team Work and Diplomacy****1            2            3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

**Respect****1            2            3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

**Patient Advocacy****1            2            3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

**Careful Delivery of Service****1            2            3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe equipment operations; following policies, procedures, and protocols; following orders.

*Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.*

---



---



---



---



---



---

Preceptor Name \_\_\_\_\_ Signature \_\_\_\_\_